



SUPERVISED VISIT/EXCHANGE APPLICATION FORM

For further information or help completing this form, contact the Program Coordinator, Sarah Posthuma, at sposthuma@familyservicesottawa.org or (613) 725-3601 X175.

APPLICANT INFORMATION

First name:

Last name:

Male

Female

Other

Relationship to child(ren):

Street address:

City:

Province:

Postal code:

Home phone:

Cell:

Work phone:

Email:

First name of other parent/guardian:

Last name of other parent/guardian:

Male

Female

Other

Relationship to child(ren):

APPLICANT'S LAWYER INFORMATION

First name of lawyer:

Last name of lawyer:

Street address:

City:

Province:

Postal code:

Work phone:

Fax:

Email:

EMERGENCY CONTACT INFORMATION

First name of 1st emergency
contact:

Last name of 1st emergency
contact:

Relationship:

Home Phone:

Work phone:

Cell phone:

First name of 2nd emergency
contact (optional):

Last name of 2nd emergency
contact (optional):

Relationship:

Home Phone:

Work phone:

Cell phone:

APPLICANT MARITAL STATUS

Check all that apply:

Single

Separated:

If separated, date of separation (dd-mmm-yyyy):

Divorced:

If divorced, date of divorce (dd-mmm-yyyy):

Common law partner

Remarried

First name of current
partner/spouse:

Last name of current
partner/spouse:

CUSTODY AND ACCESS

With whom do the child(ren) reside?:

Custody:

Mother

Father

Joint

Other

Have there been previous visit arrangements? (Check all that apply)

Previous unsupervised access

Previous supervised access

No previous access

Other

If other, please specify:

If there have been previous access arrangements, please provide the details, in chronological order, from earliest access to most recent:

1. Access arrangement location: _____
Dates: From: _____ To: _____

Was the access supervised? Yes No
If the access was supervised, by whom? _____
Reason for termination of access: _____

2. Access arrangement location: _____
Dates: From: _____ To: _____

Was the access supervised? Yes No
If the access was supervised, by whom? _____
Reason for termination of access: _____

3. Access arrangement location: _____
Dates: From: _____ To: _____

Was the access supervised? Yes No
If the access was supervised, by whom? _____
Reason for termination of access: _____

How long has it been since the last visit? (Specify number under the most appropriate category):
_____ Weeks _____ Months _____ Years

CHILD(REN)'S INFORMATION

1. First name:

Last name:

Date of birth (dd-mmm-yyyy):

Gender:

Male

Female

Health card number:

Physician name:

Physician number:

Special needs / allergies / behaviour problems:

2. First name:

Last name:

Date of birth (dd-mmm-yyyy):

Gender:

Male

Female

Health card number:

Physician name(if different from
above):

Physician number:

Special needs / allergies / behaviour problems:

3. First name:

Last name:

Date of birth (dd-mmm-yyyy):

Gender:

Male

Female

Health card number:

Physician name(if different from
above):

Physician number:

Special needs / allergies / behaviour problems:

4. First name:

Last name:

Date of birth (dd-mmm-yyyy):

Gender:

Male

Female

Health card number:

Physician name(if different from
above):

Physician number:

Special needs / allergies / behaviour problems:

5. First name:

Last name:

Date of birth (dd-mmm-yyyy):

Gender:

Male

Female

Health card number:

Physician name(if different from
above):

Physician number:

Special needs / allergies / behaviour problems:

What languages are spoken at home? (Check all that apply)

English

French

Other (Please specify):

Language of visit:

If your child works with the Office of the Children's Lawyer, provide the
details about the child(ren)'s representative:

First name of child(ren)'s
representative:

Last name of child(ren)'s
representative:

Type of representative:

Lawyer

Social worker

Other (please specify):

Representative's street address:

City:

Province:

Postal code:

Work phone:

CHILDREN'S AID INVOLVEMENT

Has any children's aid society ever been involved with your immediate family?

Yes No

If yes, concerning whom?

Name of children's aid society:

First name of case worker:

Last name of case worker:

Telephone number of case worker:

What were the concerns of the children's aid society?

Neglect

Emotional / psychological abuse

Physical abuse

Sexual abuse

Other (please specify):

Did the children's aid society conduct an investigation?

Yes No

If yes, what was the result of their involvement?

Is the children's aid society still involved with your family?

- Yes No

If yes, in what capacity are they involved?

- Working voluntarily with the family
 Working with the family under a court or supervision order
 Providing foster or residential care for the child(ren)

Have any of the children ever been placed in the care of a children's aid society?

- Yes No

If yes, when (dd-mmm-yyyy): _____

If yes, please specify(check one):

- Voluntarily
 Under a court order for society wardship
 Under a court order for crown wardship

If the Children's Aid Society is involved with your family, complete the following release of information:

RELEASE OF INFORMATION

I, _____ give my permission to the Children's Aid Society to release information about the status of CAS involvement with myself and family to the Supervised Access Centre at Family Services à la famille Ottawa in order to determine eligibility for service.

CHILD(REN)'S NAMES AND BIRTH DATES

1. First name of child:	Last name of child:
_____	_____
Date of birth (dd-mmm-yyyy):	_____
2. First name of child:	Last name of child:
_____	_____
Date of birth (dd-mmm-yyyy):	_____
3. First name of child:	Last name of child:
_____	_____
Date of birth (dd-mmm-yyyy):	_____
4. First name of child:	Last name of child:
_____	_____
Date of birth (dd-mmm-yyyy):	_____
5. First name of child:	Last name of child:
_____	_____
Date of birth (dd-mmm-yyyy):	_____
Parent signature:	Date (dd-mmm-yyyy):
_____	_____

Please print the completed application and submit it to Sarah Posthuma,
Program Co-ordinator:

Mail

312 Parkdale Avenue

Ottawa, Ontario

K1Y 4X5

Fax

613-725-5651

Email

sposthuma@familyservicesottawa.org